PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/542,495			ing Date 18/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A	LD INO	N/A		N/A	122 (0)	ı	N/A	TLL (0)	
	SEARCH FEE		N/A		N/A	ı	N/A		ı	N/A		
	(37 CFR 1.16(k), (i), (ii) EXAMINATION FE	ΞE	N/A		N/A		N/A		١	N/A		
	(37 CFR 1.16(o), (p), ( FAL CLAIMS CFR 1.16(i))	or (q))	minus 20 =				x \$ =		OR	x s =		
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			ı	x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$2: additi	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (		n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							TOTAL					
* If the difference in column 1 is less than zero, enter "0" in column 2.									ı	TOTAL		
									HER THAN IALL ENTITY			
AMENDMENT	08/05/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(1))	• 10	Minus	·· 20	= 0	l	X \$26 =	0	OR	x s =		
Z.	Independent (37 CFR 1.16(h))	• 3	Minus	•••5	= 0	ı	X \$110 =	0	OR	x s =		
ME	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z	Total (37 CFR 1,16())		Minus		:	l	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1,16(h))	*	Minus	***	:	1	x \$ =		OR	x s =		
Ä	Application Size Fee (37 CFR 1.16(s))								ı			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR			
									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

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